)	ECORD. Every item of infor-	PHYSICIANS should state	act statement of OCCUPA-	
FOR BINDI	S IS A PERMANENT RI	stated EXACTLY.	properly classified. Ex	certificate.
MARGIN RESERVED FOR BINDI	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact-statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	-WRITE PLAINLY, V	mation should be caref	CAUSE OF DEATH in	TION is very importan

V. S. No. 1

(Stata or country)

18. BURIAL, CREMATION, OR REMOVAL

17. INFORMANT \_ (Address)

19. UNOERTAKER

(Address)

	CERTIFICATE OF DEATH 09830		
1. PLACE OF DEATH			
County Rochester	Registration Dist. No. 115		
Village or City Lishing Cruk Ind.	NoSt., Ward		
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.		
2. FULL NAME alongo Ada	me:		
(a) Residence: No. Zishil Cush. (Usualplace of abode)	St. Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of many addeline and	22.   HEREBY CERTIFY, That I attended deceased from		
6. DATE OF BIRTH (month, day, and year) 2 4 1843	I last saw h me elive on Septe 1 1932; death is said		
7. AGE Years   Months   Deys   If LESS than	to have occurred on the date stated above, et 2.30 P.m.		
89 3 1.9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
9 Trade profession or particular	Were as follows.		
SAWYER, BOOKKEEPER, etc. Villing failur	Cardio - Kenny Vascular		
9. Industry or business in which work was done, as SILK MILL,	disease		
SAW MILL, BANK, etc.	1900		
yaar)	Other Contributory Causes of Importanca:		
(State or country)	how		
# 13. NAME lot ane.			
13. NAME What Uslame	Name of operation		
(State or country)	What test confirmed diagnosis? Was there an autopsy?		
15. MAIDEN NAME Man Flowing	23. If death was due to externel ceuses (VIQL ENCE) fill in elso the following:		
15. MAIDEN NAME hang Flowing  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?		

Nature of injury

24. Was disease or injury in any wey ralated to occupation of decaased?

If so, spacify

(Signer)

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Where did injury occur?.

Menner of Injury

(Specify city of town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME or in PUBLIC PLACE.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployec," "worker," "opcrative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	2	Example II		
The principal cause of death and related causes of importance were as follows:	The principal cause of death and related causes of importance were as follows:			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BORKAO V.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	iter	sh	Jo	
	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every iter	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sh	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of	
	RD.	YSI	stai	
)	RECO	PH .	Exact	
	L	LY		
	E	LO	ified	
MARGIN RESERVED FOR BINDI	MA	A	lass	
PIT	ER	E	y c	te.
F.	AI	ted	perl	ifica
F	IS	sta	pro	cert
17	HIS	pe	be	TION is very important. See instructions on back of certificate.
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I	plne	nay	ack
	NK	sho	it r	on p
य	5	GE	that	ns
4	DIN	٧.	80	etio
5	FA	lied	ms,	stri
	S	ddns	ter t	e in
9	TH	ly s	lain	Š
	WI	eful	in p	ant.
	LY,	car	TH	ort
	NIN	l be	EA	im
	PL	ould	FI	ery
	E	ı sh	E 0	is
1	RI	tion	INS	NO
	1	ma	C	TI
2	B.			
•	Z			

	Janes B				CERTIFICATE OF DEATH 09831	
	1. PLACE OF	Development	PORPORATE LI	MITTO	(8)	
					Registration Dist. No. 116	
	Village Dr C	ity <u>Cambridge</u> denca in city or town whera	death occurrad	(le	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds	
	2. FULL NAI	ME Infant	Adams			
	(a) Residen	ce: No. Cambr			St., Ward.  If nonresident give city or town and State	
	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	b
3.	SEX Male	4. COLOR OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  September 29 , 193 2 (Month) (Day) (Year)	
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of					22. 1 HEREBY CERTIFY, That I attended daceasad from	
6	DATE OF RIPTH (	month, day, and year)	September	29 1932	I last saw h aliva on 19 daath is said	
	AGE Year		Days	If LESS than 1 day,hrs.	to have occurred en the date stated ebove, at 10:00 A.	
		11-bdrn		ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca were es follows:  Date of onset	
NO	8. Trade, profas	ssion, or particular rork done, as SPINNER, BOOKKEEPER, etc	None		guana a	
OCCUPATION		businass in which dona, as SILK MILL,		••••••••	Still-born	
S.	work was	dona, as SILK MILL, L, BANK, etc	None			
ö	this occup	ed last worked at pation (month and	sper	me (years) nt In this		
		0.0-		pation	Other Contributory Causes of importance:	
12	. BIRTHPLACE (cit (State or coun		bridge,			
ER	13. NAME	LeRoy E. A	~			
FATHER	14. BIRTHPLACE	(city or town)			Name of operation Data of	-
-	(Stata or	country) ] [8	ryland.		What test confirmed diagnosis? Was there an autopsy? No	
HER	15. MAIDEN NAI	ME Othella No	rth		23. If deeth was due to external causes (VIOLENCE) fill in elso the following:	
MOTHER	16. BIRTHPLACE (State or	(city or town)			Accidant, suicide, or homicide? Data of Injury, 19	-
-			ryland.		Whera did injury occur? (Specify city or town, county and State)	
17. INFORMANT Mrs. LeRoy Adams (Address) Cambridge, Vd.					Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL					Manner of injury	
Place Cambridge, Nd. Date Sopt. 29,1932					Natura of injury	
_	(Address)	Mr. Brice War Cambridge, 1	oten,	1 /11	24. Was disease or injury In any wey related to occupation of daceased? No	
20.	FILED Sept	29, 19 32	6 4 10	Registrar.	(Signed)	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
OCT 7 1932				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BIND

V. S. No. 1

1. PLACE OF DEATH	160.2
county Dorchester	Registration Dist. No.
Village or City East New Market	No. St., War
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsm	osds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Infant Balson	
(a) Residence: No. East New Market (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
tol. Single	(Mpnth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 9 I HEREBY CERTIFY, That I attended deceased fro
C DATE OF BIRTH (	I lest saw have elive on 7-7 32 19 deeth is sa
6. DATE OF BIRTH (month, day, and year) 9 - 5 - 5 2  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 7:30/1 m.
1 day, 1.5_hrs	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	were as follows: Date of ones
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	IN the Ovarial
9. Industry or business in which	Zummenhage
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked et his occuration (month and	- filmeno-
10. Date deceased lest worked et this occupation (month end spent in this	
year) occupation	
12. BIRTHPLACE (city or town) East New Market	Other Contributory Causes of importance
(State or country) Mary and	
13. NAME George Batson	
13. NAME George Batson  14. BIRTHPLACE (city or town) Rhodesdale R.D.	Name of operation
(State or country) Mary land	Whet test confirmed diegnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Lulu Matthews  16. BIRTHPLACE (city or town) East New Market	Accident, suicide, or homlcide? Date of Injury, 19
(State or country) Mary land	Where did injury occur?
11.73 +	(Specify city or town, county and State)
17. INFORMANT - WIW Dalson (Address) East New Market, Maryland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Dete Self 5 193	
11.1.	Neture of Injury
19. UNDERTAKER UNCLUOSUM (Addiess)	24. Was diseese or Injury In any way related to occupation of deceased?
1 ^ ^	If so, specify
20. FILED 19 N. & Parter	(Signed) M.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	77	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis NOV	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Information forwarded to S. P.	from the	or been de	lette	under
Parle 11/26/320	0	1000		
July ,		0		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARTLAND	CERTIFICATE OF DEATH 09833
1. PLACE OF DEATH  County Dorskester	75
County Workerler	Registration Dist. No.
Village or City Gametredge hed	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred	
2. FULL NAME nathaniel Herere	Brown
(a) Residence: No. Leanbrilan )	St. Ward. he + & ks 2
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  Set 4  (North)  (North)
5a. If married, widowed, or divorced	(Junit) (July) (Teal)
HUSBAND of Cor) WIFE of Wellowed	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end year) Quy . 29_1876	
6. DATE OF BIRTH (month, day, end year) (	I last saw h elive on, 19; death is seld to heve occurred on the deta stated ebove, at 224_m.
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows:
Kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  S. Industry or business in which work wes done, es SILK MILL.	
9. Industry or business in which work wes done, es SILK MILL, Farmer SAW MILL, BANK, etc.	
SAW MILL, BANK, etc.	
this sees parion (month one appropriate this	
yeer) occupetion occupetion	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) Solder Hell, had	nne
(Stete or country)	
13. NAME Stephen H. Brock. M. J.  14. BIRTHPLACE (city or town) Elecerek Brock. M. J.  (State or county)	
14. BIRTHPLACE (city or town) Scheerek Breek. Med,	Name of operation
(State of County)	Whet test confirmed diagnosis?
15. MAIDEN NAME Builly Sheatley  16. BIRTHPLACE (city or town) Walking med	23. If daath wes due to externel causes (VIOL ENCE) fill in also tha following:
	Accident, suicide, or homicida? Data of injury, [9
(Stete or country)	Whera did injury occur?(Specify city or town, county and State)
17. INFORMANT Caucal Mattheway 19.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Division No. 1932	Netura of injury
19. UNDERTAKER / TM SL Class	24. Wes disease or injury in eny way related to occupation of deceesed?
(Address) 30,8 Marie DX Cuntrage Mil	If so, spacify
20. FILED, Sept. 2, 19.32 E. E. Wolff. Registrar.	(Signed) G. H. Jawel M. D.  (Address) Baubrilg ref.
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis .	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT 7 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			·

should state item of infor-

	L PLACE OF	DEATH WITH	B DORPAL	LAND	09834
	County D	orchester	PARPARAY		Registration Dist. No. 16
		y Cambridge		yrs. Ymo	No. X St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)  s. X ds. How long in U.S. if of foreign birth? X yrs. X mos. X ds.
		E Benjamin			0
		: No. Cambrio			St., 5 Ward. X
and the same	(a) Residence	s. NO	(Usuai place	of abode)	If nonresident give city or town and State
		L AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	Male	4. COLOR OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH September 25th (Month) (Day) (Year)
5a.	If married, widowed HUSBAND of (or) WIFE of	Henrietta :	Burton.	1	22. I HEREBY CERTIFY. That I attended deceased from
6.	DATE OF BIRTH (m	onth, day, and year)	893		I last saw Manalive on the vot 1937; death is said
7.	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 6.50 P. 1.
	39	x	X	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
OCCUPATION	9 Industry or hu	ion, or particular rk done, as SPINNER, OOKKEEPER, etc	neral La	aboror	fol thulas 1919
00	10. Date deceased this occupa year)	tion (month and 1929	spe occi	ime (years) nt in this upation	Other Coutributery Causes of Importance:
12.	BIRTHPLACE (city (State or countr	y) Har	on, yland.		Other Constitution Course of Importance.
TER	13. NAME	Not Known	•		
FATHER	14. BIRTHPLACE (		inteno	wn	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? No
IER	15. MAIDEN NAMI	Julia Bur	ton.		23. If death was duo to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Julia Burton.  16. BIRTHPLACE (city or town) (State or country)  17. MAIDEN NAME Julia Burton.					Accident, suicide, or homicide?
17. INFORMANT Mrs Rufus heeler. (Address) Carbridge, Maryland.					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Madrin, Red Date Sept. 27, 1932					Manner of injury
19. UNDERTAKER Granville S. LeCompte. (Address) Cambridge, Maryland.					24. Was disease or injury in any way related to occupation of deceased?
20.	FILED PYX. 2	7 , 1932	Drews	lff Registrar.	(Signed) M. D. (Address)
		**	11 1 11	11	

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be	complete.	an	occupation	return	must	state:
-------	-----------	----	------------	--------	------	--------

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

RECT In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
The second secon			
	May 1,1923		


No. 1	,
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STATE OF	MARYLAND-	CERTIFICATE	OF DEAT	H ags	225
1. PLACE OF DEATH	/	(131)		000	טטט
County Directest	W		Registration Dis	st. No. 1/7	
Village or City UKenn	R.	No.		St.,	Ward
Length of residence in city or lown where death	11/2	death occurred in a horpital or in  ds. How long in U.S.	stitution, give its NAME it.		
2. FULL NAME Same	al Cho	se!			
(a) Residence: Np. Ucem	ma	St., Ward.			
(a) Residence. No.	(Usual place of abode)	St., watu.	If nonresident giv	e city or town and	d State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL	CERTIFICATE C	OF DEATH	
3. SEX 4. COLOR OR RACE 5.	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEAT	Hept (Month)	/ 3 (Day)	, 193 2- (Year)
5a. If married, widowed, or divorced HUSBAND of			1		
(or) WIFE of Frances	have	22//10 20 Cl	32 da	That laftended	deceased from
6. DATE OF BIRTH (month, day, and year)	1892	I last say hand alive on	Clus 29	14 /1932	: death is said
7. AGE Years Months	Days If LESS than	to heve occurred on the date s	stated above, at 6/B	Om P	, diam'r is sure
about 4067	1 day,hrs.		CATH and related causes	of importance	,
8. Trade, profession, or particular	1 01	Marouc C	Taterstilia	Phe-	Date of onset
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	rner	paretie.			1922.7
Industry or business in which work was done, as SILK MILL,					-
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	11. Total time (years)				
this occupetion (month and year)	11. Total time (years) spant in this occupation			1	
Die sk	estas) Ca	Other Contributory Causes of	majoringe of	tron	tun +
12. BIRTHPLACE (city or town)  (State or country)	rulland	Med allertia	Leng to	James .	ineue
13. NAME Stopping C	wase.	and of the	in was no m	y oww	THE TOTAL
13. NAME Stephen C  14. BIRTHPLACE (city or town) Dor	she ster O.	Name of operationA	nous -	Date of	Televis C
(State or country)	Carylans	What test confirmed diagnosis	muyera,	Wes there en	autoney? 74
15. MAIDEN NAME Dusie	Davis	23. If death was due to external	I causes (VIOLENCE) fill in		
15. MAIDEN NAME DUSIE  16. BIRTHPLACE (city or town) Dove	hester Co	Accident, sulcide, or homicide			-
E (State or country)	rugland	Where did injury occur?			
17. INFORMANT Suck of Address) Arrey Rou	te Box 100	Specify whether injury occurre	(Specify city or loved in INDUSTRY, in HDME	vn, county and Sta , or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	1.66/19 "	Manner of injury			
Plece Crass Rosas	ate 1,19.32	Nature of injury		• • • • • • • • • • • • • • • • • • • •	
19. UNDERTAKER & MICHAEL	Claus.	24. Wes disease opinjury in ar	ny way related to occupation	n of deceasedZ	yer -
(Address) Cambred	ge and	If so, specify bold	MEC, ME	my dea	t.
20. FILED Jepl: 13 - 19.32 Eli	ralief & Irak.	(Signed)	uard 6.	rause	M. D.
	Lucal Registrey.	(Address)	Vilma,	Om	a.)
If more blan	ks are needed, address State Registrar,	2411 N. Charles Street, Baltimore,	, Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUSTER			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

for authorization to correct age see letter under Jones, 12/6/32

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No.
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STATE OF MARYLAND—	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	122-6
County Or Chenley	Registration Dist. No.
Village or City Cambridge	No. 43 9 fragh St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME AM - I M. T	
	ams
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word)	21. DATE OF DEATH  (Month)  (Pay)  (Year)
HUSBANO of HUSBANO of divorced faults Called	
(or) WIFE of Uniday	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 19 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 12
5 g alm I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Justitual oblination Vate of one of
SAWYER, BOOKKEEPER, etc. 9. tndustry or husiness in which	alm
kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL,  SAW MILL, BANK, etc.  10. Date deceased last worked at 2 walls 11. Total time (system).	NJ 12 19
Shellf Ill (Ill)	
year) agu occupation	Other Contributory Caoses of importance:
12. BIRTHPLACE (city or town) ACO COLOMBIA (State or country)	
14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CALLEL COLOR	Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL A. P.J.E.	Manner of Injury
Place Cocke Cannot go Oate Sep 249 32	Nature of Injury.
19. UNDERTAKER Lemb HBaynen	24. Was disease or Injury In any way related to occupation of deceased?
(Address) Kanbled of mo	If so, specify
20. FILEO, SUPY, 24, 19.32 & 2 WOLF	(Signed) M, D.
If more blanks are needed, address State Registrar.	(Address) "M"   M"   M"   M"   M"   M"   M"   M"

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Man 1.1923 Gastroenteritis 1 year

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V. S. No. 1

12. BIRTHPLACE (city or town) (State or country)

15. MAIOEN NAME

(Addrass) 18. BURIAL, CREMATION, OR

(Addiass)

19. UNDERTAKER

(State or country)

16. BIRTHPLACE (city or town)

(State or country

13. NAME

FATHER

MOTHER

state infor-

Jo

OCCUPA.

Other Contributory Causes of Importance What test confirmed diagnosis?. Was there an autopsy? \_\_\_\_\_ 23. If daeth wes due to axtarnal causes (VIOL ENCE) fill in elso tha following: Accident, suicide, or homicide?\_\_\_\_\_\_ Oete of Injury\_\_\_\_\_\_ 19 Where did injury occur?\_\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. Mannar of injury Natura of Injury 24. Wes disease or Injury in any way related to occupation of deceased? If so, specify (Signad)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

-WRITE PLAINLY, WITH UNFADING LAR - MALE ENGLE EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS Should state FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED V. S. No. 1

B.-

STATE OF MARYLAND—C	ERTIFICATE OF DEATH 09838
1. PLACE OF DEATH	
County Doucles Cer	Registration Dist. No. //6
Village or City Cambridge Mil	No. St., Ward
Mart (If dea	ath occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidance in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Munuel Mal En	ines
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	1. DATE OF DEATH
finale provid marries.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Charles ennet	, 19 , to, 19
6. DATE OF BIRTH (month, day, and year)	last saw h alive on 19 death is said
	o have occurred on the data stated above, atm
5 9 9 1 day,hrs. 7	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade profession or particular	Uate of onset
kind of work done, as SPINNER,	linnie Mae Ennis died from a
9 Industry or business in which	stab wound, inflicted by
work was dona, as SILK MILL, SAW MILL, BANK, atc.	harles Ennis, September 12"
11. Total tima (years) this occupation (month and spent in this	.932. The above is the verdict
year) oscupation	f the Coroners jury, held
12. BIRTHPLACE (city or town) Wcanello Co	Dep twitte for 102 morting 32.
(State or country) Raryland	It M Tollerain
13. NAME Glorge Laylor	acting Corones
13. NAME Glarge Layer  14. BIRTHPLACE (city or town) Welanule Co.	Name of operation
(State or country) makefland	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lena Guenlin 23	3. If death was due to external causes (VIOLENCE) fill in also the following:
	Accident, suicide, or homicida?
(State or country) Washington	Where did injury occur?
00 000	(Specify city or town, county and State) Specify whether injury occurred in iNDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Addrass)	specify whether injury occurred in INDOSTRI, in HOME, of in POBLIC PLACE.
10 DUDIAL ODE ATION OPERADIVAL	Manner of injury
11 - 12 - 13 - 13 - 13 - 13 - 13 - 13 -	Natura of injury
1. 1 H Stowert	
	4. Was disease or injury in any way related to occupation of decaased?
(Automorphism)	If so, specify
20. FILED 20, 13, 9 5 - 2 A Walf	(Signed) M. D.
If more blanks are needed, address State Registrar, 241	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	4	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPA	CE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 weck ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastrocnteritis 1 year

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	CERTIFICATE OF DEATH 09840
1. PLACE OF DEATH	46)
1. PLACE OF DEATH  County Double County Double County Double County Double County Coun	Registration Dist, No. //6
William on Other Care A . A	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 50yrs,mos.	ds. How long in U. S. If of foreign birth?yrsmosds.
2. FULL NAME amanda M. Ha	ll ·
(a) Residence: No. Washington (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
A OR DIVORCED (write the word)	Apr 26 193 2
2 If married widowed or diversed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I atlended deceased from
(M) MILE OF VERY OF A. IFOUR	- 19 , to Sep. 25 , 19.32
6. DATE OF BIRTH (month, day, and year) May 22 1557	I last saw h. 4 25 , deeth is seld
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at // A - m.
75 4 1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	were as rollows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, Tormula furniture of the saw of the	( briman ) metarther to
9. Industry or business in which	interstines water House alm
work was done, es SILK MILL, forms timeren at time	num
10. Date deceased last worked at this occupation (month and spant in this	uha
yaar) occupation y	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town) And	Other Contributory Canses of Importance.
(State or country)	
13. NAME 2 2 .	
13. NAME  14. BIRTHPLACE (city or town)	Nema of operation Oate of
I4. BIRTHPLACE (city or town) (State or country)	Whet test confirmed diagnosis?
15. MAIDEN NAME Dans Appendix	
E /	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (Stale or country)	Accident, suicida, or homicida?
(State of County)	Whara did injury occur?(Specify city or town, county and State)
17. INFORMANT (Address)	Spacify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of Latinus On the
Place Carolingha Ind Oate Mars 3 5 , 1932	Manner of Injury
7/1/6/01/1	Natura of injury
19. UNDERTAKER Salanh & Morning	24. Was disease or injury in any way related to occupation of deceased?
(Address) Campaign make	If so, specify
20. FILEO SEPT. 27, 19 32 E. Z. Walff	(Signed) M, O,
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I .	i i	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			l		

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN
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WRITH PLAINLY, WITH UNFADING INK-THIS IS A PERMANANT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact -statement of OCCUPA-TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING V. S. No. 1

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	09841
County Doushesler	Registration Dist. No. 110
Village or City Jurlook	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town whera daath occurredyrsmos.	
2. FULL NAME John Terry Ha	rper
(a) Residence: No. / Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of The Depth of The Hanker	22. I HEREBY CERTIFY, That tattended decassed from  7. Franco or March Left 1 1032
6. DATE OF BIRTH (month, day, end year) Manage 25 1847	I lest saw h elive on aug 30, 193 Z death is said
7. AGE Yaars Months Deys If LESS then	to have occurred on the date stated above, at 1.30Q.m.
85 5 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, Pattered Farmers SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date dacaasad last worked et this occupation (month and the same spent in this spent in the spent in this spent in this spent in this spent in the spent in the spent in the spent in this spent in	Pellagra
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Date dacasad last worked et this occupation (month end 1929 spent in this occupation	
12. BIRTHPLACE (city or town) AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Other Contributory Canees of importance:
(Stete or country)	
13. NAME TOWNED Harper	
14. BIRTHPLACE (city or town)	Nama of oparation Date of
(otata of country)	Whet test confirmed diagnosis? Was there an eutopsy?
15. MAIDEN NAME To per Janaiale.  16. BIRTHPLACE (city or town).	23. If death wes due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accidant, suicida, or homicida?
17. INFORMANT A S Harkers	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Stanlinegr Date Sept 4, 165 L	Nature of injury.
19. UNDERTAKER 7. B. Willoude files (Address)	24. Was disease or injury in any way related to occupation of decaased?
20. FILED & Sefet 2", 1952 1. I Hustings	(Signed) M. D. M. D. (Address) M. D. D. M.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example II	
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gustroenteritis	1 year

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from Spinner, nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmor (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cold to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) For many occupations a single word or term on especially in industrial employments, it is necesor At Home, and children, Farm laborer, Laboreryrs). (b) Collon without more precise specification as Day For persons who have no occupation Automobile factory. The material mill; (a) Salesman. -Coal mine, etc. not gainfully em-(b) Grocery; Wom-

Statement of Cause of Death—Name, first, the risk EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinul fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

American Medical Association.) telanus) may be stated under the head of contributory. as fracture of skull, and consequences (e.g., sepsis, approved causing (secondar, or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "(Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weukness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse." "Coma," "Convulsions, ..... name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. Then ture of the injury, accident; Revolver wound of head-homicide; l'oisaned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, interstitial nephritis, FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), by cough; Committee on Chronic etc. The valvular heart Nomenclature Always qualify all contributory disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Run over by street car Chronic interstitial nephritis 1921 1 week ann Peritonitis Cerebral hemorrhage Julu5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 year

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County Not No.  (If death occurred in a hopstal or institution, give in NAME meted of street and number)  Length of residence in city or typty-where death occurred.  (a) Residence: No.  Length of residence in city or typty-where death occurred.  (b) Residence: No.  Length of residence in city or typty-where death occurred.  (a) Residence: No.  Length of residence in city or typty-where death occurred.  (b) Residence: No.  Length of residence in city or typty-where death occurred.  (c) Residence: No.  Length of residence in city or typty-where death occurred.  (d) Residence: No.  Length of residence in city or typty-where death occurred.  (a) Residence: No.  Length of residence in city or typty-where death occurred.  (a) Residence: No.  Length of residence in city or typty-where death occurred.  (a) Residence: No.  Length of residence in city or typty-where death occurred.  (a) Residence: No.  Length of residence in city or town and State  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  (COLOR OR RACE)  S. NOLER, MARKEN, MINORED,  S. NOLER, MARKEN, MINORED,  S. NOLER, MARKEN, MINORED,  S. L. DATE OF DEATH  21. DATE OF DEATH  (Nonth)  (Upp)  (	STATE OF MARYLAND	CERTIFICATE OF DEATH 09844
Village of City New York City of the Control of St. Ward  Length of residence in city or long where death occurred was more and an amber)  2. FULL NAME  (a) Residence: No. Man. Personal and St. Ward.  (b) Residence: No. Man. Personal And St. Ward.  (c) Residence: No. Ma		92.0
Cit death occurred in a hospital or institution, give its NAME instead of served and number)   distribution	3. 11 (1.0 6)	Registration Dist. No. 2
Langth of residence in city or town where death occurred.  (a) Residence: No. Class Control of Cont		
(a) Residence: No. Alex. Caspffffffffffffffffffffffffffffffffffff		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINCLE MARRIED, WIDOWED  OR DUDDRED Curvic the word)  Will SEA HOUSE AND of divorced  HUSAND of Organic the word of Organic the Word of Organic Huser of Season and	2. FULL NAME Let ge for	Rens
3. SEX  3. SINCLE, MARRIED, WIDOWED  3. SI I married, widowed, or divorced  (cor) THEF of  5. DATE OF BIRTH (month, day, and year)  5. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  II LESS than  I day.  nrs  or.  min.  The PRINCIPAL CAUSE OF DEATH and related above, at.  The PRINCIPAL CAUSE OF DEATH and related above, at.  SAWYER, BODKEEPER, atc.  10. Industry or business in which  SAWYER, BODKEEPER, atc.  11. Total time (years)  Year purposed one as SIK MILL.  SAWYER, BODKEEPER, atc.  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. BIRTHPLACE (city or town)  (State or country)  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. UNDERTAKER  19. Industry  A Say Silver  A Sa		
So. It married, widowed, or divorced HUSSAND of Cert WIFE of Control of HUSSAND of HUSSAND of Cert WIFE of Control of HUSSAND of HUSSAND of Cert WIFE of Control of Cert WIFE of Control of Cert WIFE of Control of Cert WIFE of C	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
HERBY CRTISY finit I attended deceased from 19  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  II LESS than 1 day, hr. or min.  1 day, hr. or min.  The PRINCIPAL CAUSE OF DEATH and related above, al m. 19  The PRINCIPAL CAUSE OF DEATH and	male Black OR DIVORCED (write tha word)	193 2
To AGE  Years  Months  Days  It LESS than I day,	HUSBAND of	22. HEREBY CERTIFY That I attended deceased from
T. AGE  Vears  Months  Days  If LESS than 1 day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:		1 last saw hand alive on 19 death is seid
8. Trade, profession, or particular kind of work done, as SPINNER, SAWER BODKKEPER, at  1. Industry or business in which was a spink MILL. Saw MILL. BANK, atc.  1. Date decased last worked at this occupation (month and year) spent in this occupation (month and year).  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE (city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR BEMDVAL  Place  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signed)  M. D.  Were did injury  24. Was disease or injury in any way related to occupation of deceased?  M. D.  (Signed)  M. D.  (Signed)  M. D.  (Signed)  M. D.  M.	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
Sirade, profession, or particular skind of work done, as SPINRER, sac.  Indeed to be considered to the control of the control		wera as follows:
Description occupation	8. Trade, profession, or particular kind of work done as SPINNER	from information bate of onest
Description occupation	SAWYER, BDDKKEEPER, atc	and my Examination 9/3/32
Description occupation	work was done, as SILK MILL, Yarm Hand	Calle of dealty
Deter Contributory Causes of importance:    12. BIRTHPLACE (city or town) (State or country)   14. BIRTHPLACE (city or town) (State or country)   15. MAIDEN NAME   16. BIRTHPLACE (city or town) (State or country)   16. BIRTHPLACE (city or town) (State or country)   17. INFORMANT (Address)   18. BURIAL, CREMATIDN, OR BEMDVAL   19. Data   19	D 1D. Date deceased last worked at this occupation (month and)	aruc I Insuffernoy
13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR BEMDVAL Place  Place  18. BURIAL, CREMATION, OR BEMDVAL Place  19. UNDERTAKER (Address)  10. FILED  11. 1982  12. Language  13. NAME  14. BIRTHPLACE (city or town) (What test confirmed diagnosis?  Was there an autopsy?  What test confirmed diagnosis?  Was there an autopsy?  20. FILED  10. Mainer of injury Nature of injury  21. Was disease or Injury in any way related to occupation of deceased?  16. Specify  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR BEMDVAL Place  Place  19. UNDERTAKER (Address)  19. UN	year) - 7/1/3-25 occupation 3 Oyear	Dither Contributory Courses of importance
14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR BEMDVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. FILED  11. 1932  11. 1932  12. Address  13. Manner of operation  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIDLENCE) fill In also the following:  Accident, suicide, or homicide?  Accident, suicide, or homicide?  (Specify city or town, county and State)  Specify whather Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER (Address)  10. Specify (Signed)  11. 1932  12. Was disease or Injury In any way related to occupation of deceased?  15. So, spacify (Signed)  M. D.		Other Commission of Importance.
Name of operation Date of What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR BEMDVAL Place (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. FILED  11. 1932  12. Addressing  13. If death was due to external causes (VIDLENCE) fill In also the following:  Accident, suicide, or homicide?  Accident, suicide, or homicide?  (Specify city or town, county and State)  Specify whather Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  14. BIRTHPLACE (city or town)  Accident, suicide, or homicide?  Specify whather Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  19. UNDERTAKER  19. Injury  19. Inju	I 13. NAME Les Jenkins	
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stata or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR BEMDVAL Place (Address)  19. UNDERTAKER (Address)  What test confirmed diagnosis? Was there an autopsy?  20. FILED  What test confirmed diagnosis? Was there an autopsy?  21. If death was due to external causes (VIDLENCE) fill In also the following:  Accident, suicide, or homicide? Date of injury occur?  Where did injury occur?  (Specify city or town, county and State)  Specify whather Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  16. Specify city or town, county and State)  Specify whather Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  19. UNDERTAKER  (Address)  19. Was diseasa or Injury In any way related to occupation of deceased?  19. UNDERTAKER  (Address)  M. D. (Signed)	14. BIRTHPLACE (city or town)	Name of operation. Pare of Date of
Where did injury occur?  (Specify city or town, county and State)  Specify whather Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Place Place (Address)  19. UNDERTAKER (Address)  19. UNDERT	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
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Where did injury occur?  (Specify city or town, county and State)  Specify whather Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR BEMDVAL  Place  Place  Place  (Address)  19. UNDERTAKER  (Address)  24. Was disease or Injury In any way related to occupation of deceased?  (Address)  19. UNDERTAKER  (Address)  (Address)  (Signed)  (Signed)  Manner of injury  Manner of injury  (Signed)  Manner of injury  (Signed)  Manner of injury  Manner of injury  (Signed)  Manner of injury  Manner of injury  (Signed)  Manner of injury  Manner of injury  (Signed)	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT (Address)  18. BURIAL, CREMATIDN, OR REMDVAL Place Place (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  20. FILED  20. FILED  20. Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  24. Was disease or injury in any way related to occupation of deceased?  16. so, specify  (Signed)  M. D.	(Stata or country)	
Place Activated Phase Sept 13, 195 Nature of injury  19. UNDERTAKER 7:13, Villering Glay (Address)  24. Was disease or Injury In any way related to occupation of deceased?  25. Spacify (Signed)  26. FILED Sept 13, 1932 11 L Hashing 2 (Signed)  27. M. D.		Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
19. UNDERTAKER 7.13. Villering Gling 24. Was disease or Injury In any way related to occupation of deceased? 20. FILED Sof 13., 1932 11. L. Hasting 2 (Signed) (Signed) M. D.	>1 1000 Dind 101413 65	
20. FILED / 10. 190 1/1 Company		24. Was diseasa or Injury in any way related to occupation of deceased?
	The state of the s	

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S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
	1030	
	1000	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
92	1915 1921 July 5,1927	of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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stated EXACTLY. PHYSICIANS should state

of OCCUPA-

Exact statement

be properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.-WRITE PLAINLY,

STATE OF MARYLAND—CERTIFICATE OF DEATH 09845

1. PLA	CE OF DE	ATH					
Coun	nty Dor	chester		(	(183)	Registration Dist. No. 11	.2
		D. Vienn		4 yrs mos	NO. death occurred in a horpital or institution. ds. How long in U.S. if of	St.,	nd number)
	L NAME	Albert				, , , , , , , , , , , , , , , , , , , ,	
	Residence: No.		(Usual place	of abode)	St., Ward.	If nonresident give city or town	10.
PEF	RSONAL A	ND STATIST			MEDICAL CE	RTIFICATE OF DEATH	
3. SEX Mal	4. COI	White	5. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	September 3	
5a. If married HUSBAI (or) WI		ivorced			22. I HEREBY Sept. 3,	CERTIFY, That I attended 32, to Sept. 3	
6. DATE OF	BIRTH (month, o	day, and year)	908		l last saw h_ im alive on_	Sept. 3,	32 death is sale
7. AGE	Years 24	Months	Oays	If LESS than I day,hrs. ormin.	to have occurred on the date stated The PRINCIPAL CAUSE OF DEATH were as follows:	above, at 4:30 Pm.	
8. Trade, profession, or particuler kind of work done, as SPINNER, Laborer  SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end year)  12. BIRTHPLACE (city or town) (State or country)  Maryland.					Accidental Dro	owning	Date of onset
					Other Contributory Couses of importance:		
₩ 13. NAM	E	Adam Je	ws				
13. NAME Adam Jews  14. BIRTHPLACE (city or town) Maryland					Name of operation		
15. MAIDEN NAME gentrewn					23. If death was due to external causes (VIOLENCE) fill in also the following:		ring:
15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Vernon Phillips (Address) R.F.D. Vienna, Md.					Accident, suicide, or homicide?accident Oate of injury 9/13, 19  Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
19. UNOERTA (Addr		is Boynumbridge,			24. Was disease or Injury in any way If so, specify		
20. FILEO S 6	ept. 4,	, 19 32 Eli	izabeth	N. Craft Registrar.	(Signed) (Address) 27	Marghin Street	- 7/1/s

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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10/5/32
Bureau VS

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		DEC	<u> </u>
		1.85	<u></u>
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923	Gastroenteritis	1 year
		. 18	
	MALE STATE OF THE		

ADDITIONAL SPACE FOR F	FURTHER	STATEMENTS	BY	PHYSICIAN
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	-S/41		
BURBAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registration Dist. No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) (Year) ERTIFY, Thet I attended, deceased from Date of onset Accidant, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 (Specify city or town, county and State)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEAT Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or Awn where death occurred 8 3 yrs 8 mos. / U. ds. How long in U. S. if of foreign birth? yrs. mos. ds. RECORD. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) down (Month) (Day) 5a. If married, widowed, or divorced HUSBAND of That I attended deceased from (or) WIFE of BIND 6. DATE OF BIRTH (month, day, and year) certificate 7. AGE proper Years Months Days If LESS than to have occurred on the data stated above, at or .... min. 8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_\_ NO RESERVED OCCUPAT Andustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.... back may plnods 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this that occupation instructions Other Contributory Causes of Importance MARGIN (State or country) terms, FATHER See (State or country) What test confirmed diagnosis? MOTHER important. i. 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? TH Date of Injury..... pe DEA Where did injury occur?\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pluods 17. INFORMANT very OF (Address) Manner of injury CAUSE NOIL Nature of injury 24. Was disease or injury In any way related to occupation of deceased? V. S. No. 1 (Address) If so, specify Registrar.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 09849	
County La alchestal Ca	Registration Dist, No. // 6	
Village or City Camberdas nd	No. St. War	-d
(II	death occurred in a hospital or institution, give its NAME instead of street and number)	
Length of residence in city or town where death occurredyrs,mos.		is.
	R	
(a) Residence: ND. (1) Chasb (Usual place of abode)	St., 2 Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	-
8. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	
fland Kaland undan	(Month) (Day) (Year)	
HUSBAND of Juny Macin	2 1 HEREBY CERTIFY, That   attended deceased fro	m
- Andrew	July 23 19 32 10 Jest 1 193	2
5. DATE OF BIRTH (month, day, and year) Sout Prov	Clast saw h alive on	ld
AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at 2.30 pm.	
ormin.	The PRINCIPAL CAUSE OF DEATH and retated causes of importance were as follows:  Data of great	at t
8. Trade, profession, or particular kind of work done, as SPINNER, house belth SAWYER BOOKKEEPER, etc.	Marselline 1900	-
9. Industry or business in which work was done, as SILK MILL,	Drawn Jaconson 1918	-
SAW MILL, BANK, etc.	Gastwenleites 8-19-	32
10. Date deceased last worked at this compation (month) at 20 years 11. Total time (years) spent in this years years 12.		
12. BIRTHPLACE (city or town) I alden hill	Other Contributory Causes of importance:	
(State or country)		-
13. NAME LO mut purou		
14. BIRTHPLACE (city or town) galder hill	Name of operation Date of	-
(State or country)	What test confirmed diagnosis? Clinical Was there an autopsy?	
15. MAIDEN NAME Donnt Pryar	23. If death was due to external causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town) Jungle hill	Accident, suicide, or homicide? Date of injury	
(State or country)	Where did injury occur? (Specify city or town, county and State)	
7. INFORMANT A CHAPTER ST. C. Thus	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Campallo Cyl Date Dept 1951	Nature of injury	
9. UNDERTAKER Lesing It / Sagram	24. Was disease or injury in any way related to occupation of deceased?	
(Address) cantonicky nul	If so, specify	
10. FILED 9/4 , 1932 TJY Majsheus	(Signed) Canall Mrst Clan M.	D.
Registrar.	(Address) Combadge Try	

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1915 Attock of epilepsu 1 week ogo Arterioselerosis Run over by street ear 1 week ago Chronic interstitial nephritis 1921 Julu 5.1927 Peritonitis 3 days ago Cerebral hemorrhoge Other contributory causes of importance: Other contributory causes of importance: Gollstones May 1,1923 Gostroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state

SIAIL OF  1. PLACE OF DEATH	MARYLAND-	CERTIFICATE OF DEATH 098	50
County Doschester		Registration Dist. No.	6
Village or City Cohurch	Corecto	No. St.	War
		f death occurred in a hospital or institution, give its NAME instead of street and num	nber)
Length of residence in city or town where daath	occurred yrs. mo	sds. How long in U.S. if of foreign birth? yrs mos.	
2. FULL NAME Gotall	a Macer		
(a) Residence: No Column	(Usual place of abode)	St., Ward.  If nonresident give city or town and Sta	ale
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	***************************************
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)		21. DATE OF DEATH  (Month) (Day)	93 <u>2</u> (Year)
ia. If married, widowed, or divorced HUSBANO of (or) WIFE of	Macer	22. I HEREBY CERTIFY, That I attended dec	ceased fro
S. DATE OF BIRTH (month, day, and year) 190	1 - month + day	Hasteawher aliva on Otest 15 1912;	
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at 12-5 m2.	
31 -	I day,hrs.	the River and Choice of DEATH and related causes of Importance	ate of onse
8. Trade, profession, or particular ind of work done, as SPINNER,	16	7	7
SAWYER, BOOKKEEPER, etc	iscuro · K	grow ozver - o	21
10. Data dacaased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town)	d	Other Contributory Causes of Importance:	
13. NAME Andrew (	Camper		
14. BIRTHPLACE (city or town)	4.01	Name of operation Date of	-
(State of country)	hill-	What test confirmed diagnosis? Characa al Was there an auto	psy?
15. MAIDEN NAME Sarah  16. BIRTHPLACE (city or town)	minors	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	, 19
17. INFORMANT Brace March (Addrass)	acer	Whare did injury occur?  (Specify cily or town, county and State)  Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	<u> </u>
18. BURIAL, CREMATION, OR REMOVAL	n creen-	Mannar of injury	
Place this was love to 10	Date 1 1932	Nature of Injury	
19. UNDERTAKEPHO PORTE COLOR	illowm	24. Was disease or injury in any way related to occupation of deceased?	20-
20. FILED Sept. 7, 19 32	E. E. Wolff- Registrar.	(Signed) 10 17 A Mriner, 15	M.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURRAU V.S.			141
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

2.	Village or City Court	Cridge	Registration Dist. No.
2.			W CONTRACTOR OF THE CONTRACTOR
2.	Length of residence in city or town when		If death occurred in a hospital or institution, give its NAME instead of street and number)
2.		e death occurredyrsmo	s. 🚧 ds. How iong in U.S. if of foreign birth? yrsmos
-	FULL NAME Infan	of moss	. C.C
		7	Evest. Ward.
	(a) Residence: No.	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SE	EX 201 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. I	f married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased in
		+ 11 00 10:0	, 19, to
6. D	ATE OF BIRTH (month, day, end year) GE Years Months	Days if LESS than	I last saw h aliva on, 19 ; death Is
(. A	1-	1 day, This.	to have occurred on the date stated abova, at
	P 1 5	or Amin.	ware as follows: Date of or
NO	8. Trada, profassion, or particular kind of work dona, as SPINNER,	210.	
ATI	SAWYER, BOOKKEEPER, etc.		Musearrage Det
CUPAT	work was done, as SILK MILL, SAW MILL, BANK, etc.		10 melos
	10. Date deceased last worked et this occupation (month and	11. Total tima (years) spent in this	J. W. Colon
	yaar)	occupation	
12. E	BIRTHPLACE (city or town) (State or country)	ud	Other Contributory Causes of Importance:
ا يم	13. NAME VINA MA	ushall	_
E  -	14 1100	1	Neme of operation Deta of
FA	14. BIRTHPLACE (city or town)	Med	What test confirmed diagnosis? Was there an autopsy
HER	15. MAIDEN NAME To Concer	· · · · · · · · · · · · · · · · · · ·	23. If death was due to external causes (VIOLENCE) fill in also the following:
E -		ce may a	Accident, suicida, or homicide? Date of injury 19
MOT	16. BIRTHPLACE (city or town)	MA	Where did injury cour?
17. i	NFORMANT Mon M	larshall	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. E	BURIAL, CREMATION, OR REMOVAL Place	at hospital	Manner of injury
19. U	UNDERTAKER Blog (Address) Cambrill	tital med.	24. Was disease or Injury in any way related to occupation of deceased? Ho
20. F	FILED Sept. 28, 1932	R. E Wrest Registrar.	(Signed) De M. Charver

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	- 1
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 09852
1. PLACE OF DEATH	92-0
County Jackersha	Registration Dist. No.
Village or City Churchille, Mile	death occurred in a hospital or matitution, give its NAME instead of street and number)
Length of residence in city or jown where death occurred 7.5 year most	How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME CON MIN.	1 Bridl NITHIN CORPORATE LIMITE C)
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4-COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH SU SEN 12/32 V (Month) (May) (Year)
5a. If married, widowed, or divoced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That attended deceased from
(or) WIFE of Jungle	telesed remained 24:14:33 37
6. DATE OF BIRTH (month, day, and year)	I last saw h alw Con red all said; death is said
7. AGE Months Days If LESS than 1 day brs.	to have occurred on the date stated above, et
1 day	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER	palouls 1
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  Industry or business in which	V / gar / lede a so howen
work was done, as SILK MLL Cano Tuner	N 4 South
kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL,  SAW MILL, BANK, etc.  10. Date defeased jast worked at this pagopagon mooth after	Asnat
occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Cause
(State or country)	1000
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of Date
(State of Evolution)	What test confirmed diagnosis for Classical there en autoposis
E 15. MAIDEN NAME 134	23. If death was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AGAS OF THE STATE OF THE CONTROL OF THE STATE OF THE STA	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE
18. BURIAL, CREMATION, OR REMOVAL	( IN the to ordrug thrus
PLEast New Market, pig. 9/15/32.	Manner of Injury
19. UNDERTAKER Granville S. Te Comptet	24. Wes disease or injury Ip any way related to occupation of deceased?
(Addies Cambridge des mes Way	aise specify PA
20. FILED Sight. 14, 19. 33 The Wolff Registrar.	(Signed) A Oollie M.D.  (Address) Careling M.D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife im answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Ex	cample I	a called	Example II	
The principal cause of death and related causes of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	II Opp	1921	Run over by street car	1 week ago
Cerebral hemorrhage	7 193	July 5, 1927	Peritonitis	3 days ago
	877	2		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EURBAU V-R			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	92-0
County_Dorchester	Registration Dist. No. II6
Village or City Cambridge, R.F.D.	No. X St, Ward
Length of residence in city or town where deeth occurred 23 yrs. 4	(If death occurred in a horpital or institution, give its NAME instead of street and number) mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds
2. FULL NAME Virginia S. Moore.	
	n St. X Ward. X
(a) Residence: No. R.F.D., Cambridge, Md. (Usual place of abode)	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That i ettended decessed from
6. DATE OF BIRTH (month, day, and year) 4/26/1909.	i last saw harmalive on Tyruz 1977; death is sain
7. AGE Years Months Days If LESS than	- 3 45 P 1
23 4 28 1 day,min.	The FAINCIFAL CAUSE OF DEATH and related ceases of importance
8. Trade, profession, or particular kind of work done, es SPINNER, Student Nurse. SAWYER, BDOKKEEPER, etc.	Date of onset
9. Industry or business in which	/57
kind of work done, es SPINNER, Student Nurse.  SAWYER, BDOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked etc.  11. Total time (years) 7. This preparation (month and 5./ T.5./ Z.)	
spont in this	Mo.
year) occupation occupation Dorchester County	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Dollers Stell Country (State or country) Maryland.	
13. NAME J. Randolph Moore.  14. BIRTHPLACE (city or town) Dorchester County	Neme of operation.
(State of country) TELL V TELLIO	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sadie Spedden  16. BIRTHPLACE (city or town) Dorchester County  (State or country) He ny Land	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Dorchester County (State or country) Tryland.	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Maryland.  Wiss Rachell ore.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT RISS RECHETING OF (Address) R. F. D. Cambridge, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
PlacCambridge, Md. Date 9/26/319.	Nature of injury
19. UNDERTAKER Granville S. LECompte.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Cambridge, Maryland.	If so, specify .
20. FILED 9/24 , 1932 CAM Mukeus	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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	it	30	of
	. Every	ICIANS	tement
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•	RECO	7. PH	Exact
-	NT	L	_
MARGIN RESERVED FOR BINDI	E PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-
BI	EI	国	A
24	A F	ed	erl
FO	IS	stat	prol
Q	IS	e e	e l
Œ	TH	d l	N
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	WRITE PL	mation should
V. S. No. 1	N. B.—W	mation CAUS

County Dorchester	<i>p</i>			Registration	n Dist. No.	0
Village or City Healves	3	No				W
Length of residence in city or town where dea	th occurredA_yrs	(If death occurred in a hormos,ds. How los				
2. FULL NAME Lemm 7	Lee. Philles	10				
(a) Residence: No.		St., W	ard.	Of Ala	ms T	Var
	(Usual place of abode)			If nonreside	nt give city or town	and State
PERSONAL AND STATISTIC				ERTIFICAT	E OF DEAT	Н
SEX 4. COLOR OR RACE 5	S. SINGLE, MARRIED, WIDOWED OR DIVORCED ( Turnite the word		DEATH		18	193 7
a. If married, widowed, or divorced	single	_		(Month)	(Day)	(Year
HUSBAND of Cor) WIFE of Leveld		Seft 1H	EREB	Y CERTII	FY. That I atten	
DATE OF BIRTH (month, day, and year)	ne 13 el 1930	last saw h	alive on	1 10	, 19	
. AGE Yeers Months	Days If LESS tha		the date stat	ed above, et 7	a.m.	
2 3	5   f day,	hrs. The PRINCIPAL CA	USE OF DE	TH and related car	uses of importance	7 1 1 1 1 1
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Mho	ope	ng Co	nech	Date of
SAWYER, BOOKKEEPER, etc.	ne		/			9/10
work was done, es SILK MILL, SAW MILL, BANK, etc.						
10. Date deceased last worked et	11. Total time (years)			***********		
this occupation (month end year)	spent in this occupation					
2. BIRTHPLACE (city or town) Wille	my	Other Contributory	Lauses of Imp	ortence:		
(State or cogntry)	11.					
13. NAME Centry Khil	deps					
14. BIRTHPLACE (city or town) Stuck	ldun	Name of operation			Date	of
(State of country)	you	What test confirmed	diagnosis?		Was there	en eutopsy?_
16. BIRTHPLACE (city or town)	armon	23. II death was due to	o external ca	uses (VIOL ENCE)	fill in also the follo	wing:
16. BIRTHPLACE (city or town)	nerg Na	Accident, suicide, or	homicide?		. Date of Injury.	
(State or country)	10.11	Where did injury occ	cur?	(Specify site	or town, county and	Succession
7. INFORMANT Clerky Plan (Address)	mild	Specify whether inju	ry occurred i	n INDUSTRY, In I	10ME, or in PUBLIC	PLACE.
B. BURIAL, CREMATION, OR REMOVAL	0 /1	Manner of injury				
Place Theylesh Mid	Date Seft 19 , 193	Nature of Injury				
9. UNDERTAKER Kurby Phys	Clefs	24. Was disease or In	jury in any v	vay related to occu	upation of deceased	no
(Address)	1.1.0.01 1	If so, specify	12			
0. FILED 9/18 1932 Kel-	+ 1 No sterio	(Signed)	70	1		201

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Example I

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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B ż

County	Dorches	ter UNITE OF	Registration Dis	st. No. //6
Village or (		//	No Casaling Ho f death occurred in a horpital or institution give its NAME in	
Length of res	ME Tresse	e death occurred 3 4 yrs. mo	ds. How long in U.S. if of foreign birth?	yrsd
(a) Resider	nce: No.	(Use place of abode)	St., Ward.  If nonresident give	e city or town and State
PERSON	NAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE C	F DEATH
Male	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	27 , 193 2 (Year)
a. If marriad, widov HUSBAND of (or) WIFE of DATE OF BIRTH		ine 22, 1900	22. I HEREBY CERTIFY.  Sept 21 1932 to 1  I lest saw h in alive on flest 27	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
. AGE Yes	2 3	Days  If LESS than 1 dey,hrs. ormin.	to heve occurred on the dete steted ebove, at	
9. Industry or work we	ission, or particular work done, as SPINNER, R, BOOKKEEPER, etc business in which es dona, as SILK MILL,	Jawyer —	24thing feman	141
Date decaes this occu yeer)  2. BIRTHPLACE (ci (Steta or cou	ity or town) Can	11. Totel time (years) spent in this occupation  white	Other Contributory Causes of importance:	
13. NAME	Mandie	Ax. Clair		
13. NAME	E (alltu as town)	und.	Neme of operation. Name	Data of
(Stete or	r country)		Whet test confirmed diagnosis?	Dete of
7. INFORMANT	E (city or town) Mr country)	lan	23. If deeth wes due to external causes (VIOLENCE) fill in Accident, suicide, or homicide?	also the following: e of injury, 19
(Address)  8. BURIAL, CREMAT  Plece	TION, OR REMOVAL	Date JAK 2, 1932	Menner of injury	
9. UNDERTAKER (Address)	229 Hing	I St. Camb.	24. Wes disease or injury In any way related to occupation	n of deceesad?

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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2	HIS	pe	pe	TION is very important. See instructions on back of certificate.
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V. S. No. 1

STATE OF	MARYLAND—CERTIFICATE OF DEATH	09856
DEATH	920	

1	. PLACE OF	DEA"	TH WITE	T Con-		21.0	
	County	Dor	chester		TH LIMITS 04	Registration Dist. No. 116	
	Village or Ci	ityCa	mbridge,	lid.		n O Deven to Tonia	d
	Length of resid	dence In ci	ty or town where (	death occurred	(li yrsmos	No. 6 Dunn's Lane St., War feath occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs, mos. d	s.
2	. FULL NAM						
			*************			St., Ward.	
				(Usual place		If nonresident give city or town and State	
				CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	-
	3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married					21. DATE OF DEATH  September 14  (Month) (Dey) (Year)	
5a.	If married, widows HUSBAND of	ed, or divo	rced	1			_
	(or) WIFE of Unknown					22. I HEREBY CERTIFY. That I attended deceased from August 1 19 32 to Sept. 14 19 32	
6. 1	6. DATE OF BIRTH (month, day, and year) July 4, 1876				1876	Hast saw h.er elive on Sept. 12 ,19 32; death is sai	
7. /	AGE Year	3	Months	Deys	If LESS then	to have occurred on the date stated above, at 3:30 R.m.	
	56		2	10	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related couses of importance were as follows:	
z	8. Trede, profession, or particular kind of work done, as SPINNER.					Acute Cardiac Dilatation Date of once 1 hr	
T10	SAWYER, BOOKKEEPER, etc Housework  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and			Housewor	ck		
UPA							-
000	10. Date decease	d last wor	ked at	spe	ime (years) nt in this		-
				1 000	a parton	Other Coatributory Causes of importance:	
12.	(State or coun		Del	aware	***************************************	YF 7 7 7 7 7	-
œ			nation H			Yalvular Heart Disease 6 mo	S.
FATHER				LOND			-
FA	14. BIRTHPLACE (Stete or			aware		Name of operation	-
ER	15. MAIDEN NAN	ne Ma	rgaret H			Whet test confirmed diagnosis?	2
MOTHER	16. BIRTHPLACE	laitu ar ta	um\			Accident, suicide, or homicide?	
×	(Stete or			aware	*************	Where did Injury occur?	-
17	INFORMANT	Ag	nes Smit	h		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
17.	(Address)		mbridge			V T	
18.	BURIAL, CREMATI	ON, OR R	EMOVAL		3.0 7.0	Manner of Injury	
	Place_Har	rangt	on, Del.	Date Sept	t. 18 <sub>19</sub> 32	Nature of Injury	
19.	UNDERTAKER	Lew	is H. Ba	ynem	The State of	24. Was disease or injury In any way related to occupation of deceased? No	
	(Address)		mbridge.			If so, specify	
20.	FILED Sept	. 17,	, 32 €	E. Woe	11.	(Signed) M. I	D.
8					Registrar.	(Address) Cambridge, Md.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ann Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	RV	PHYSICIAN
TIDDITIONS	Dr Trong r Or	T CIVILIDIO	DIALEMILATIO	10.1	PHISIUIAN

N. B.

County Dorcheste	PARONA	Registration Dist	No 116		
	Lgs Limite				
Village or City		<ul> <li>No.</li> <li>f death occurred in a hospital or institution, give its NAME inst</li> </ul>	St., War		
Length of residence in city or town where de					
2. FULL NAME Infam	1 Spicer				
(a) Residence: No. 20 Pm	15 Have	St., Ward.			
	(Usual place of abode)		city or town and State		
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE O	F DEATH		
3. SEX 4. COLOR OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)	21. DATE OF DEATH	3 2		
The state of the s	Serifle	(Month)	(Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY.	That I attended deceased fro		
(4), 4,12,0		1 - 4 - 4 - 11	, 19		
6. DATE OF BIRTH (month, day, end year)	cg. 3-193L		, 19; death is sa		
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 4 2.	_m.		
Still- from.	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:			
8. Trade, profession, or particuler	, , , , , , , , , , , , , , , , , , , ,	0	Data of ons		
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Une	Still-bom. (3 mas)			
Industry or business in which work wes done, as SILK MILL.		Cause unknown.			
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc	1				
- I this occupation (month and	If. Total time (years) spent in this ~				
year)	occupation	Dther Contributory Causes of importance:			
12. BfRTHPLACE (city or town)					
(State or country)					
13. NAME Moses &	pricer		***********		
4. BIRTHPLACE (city or town)	· • • • • • • • • • • • • • • • • • • •	Name of operation	Date of		
(State of country)	1	What test confirmed diagnosis?	Was there an autopsy?		
15. MAIDEN NAME Many  16. BIRTHPLACE (city or town)	Vaylor	23. If death was due to external causes (VIOLENCE) fill in a	ilso the following:		
16. BIRTHPLACE (city or town)	· · · · · · · · · · · · · · · · · · ·	Accident, suicide, or homicide? Date	of injury		
E (State or country)	1	Where did injury occur?			
17. INFORMANT Dives of	Eiar	(Specify city or town Specify whether injury occurred in INDUSTRY, in HOME,	or in PUBLIC PLACE.		
(Address) Caruli	Dy, mif				
18. BURIAL, CREMATION, OR REMOVAL	0.44	Manner of injury			
Place Caumage	Date + 4 , 1932	Nature of injury			
19. UNDERTAKER Lewis Ba	ynem	24. Was disease or injury in any way related to occupation	of deceased? he		
(Address) Garrien	In my	If so, specify	VI 466643541		
Lett 3 33	Subesi	(Signed) Selv	10912 R.		
20. FILED 09-1982 -		(Address) Cambrid			

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
OCT & 1932			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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1.00	Example II	+
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH 498	60
1. PLACE OF DEATH	THE PROPERTY LINEYS	(59)	, /
County Josephes	ter	Registration Dist, No.	0
Village or City Camb	udge	No. 402 Hughlett St.,	Ward
Langth of residance in city or town where death of		death occurred in a hospital or institution, give its NAME instead of street and number 15 April How long in U.S. if of foreign birth?	ds.
2. FULL NAME Voda	- Info	and the same of th	
(a) Residence: No. 40 2 Hug	hlett B	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and State	е
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH	
M W	R DIVORCED (write the word)		3 Z (Year)
5a. If married, widowed, or divorcad HUSBANO of (or) WIFE of	- 0	22. I HEREBY CERTIFY. That I attended dece	easad from
6. DATE OF BIRTH (month, day, and year)	+14-1932	Hast saw h sealive on All (4 1912; de	
7. AGE Years Months	Days If LESS, than	to have occurred on the date stated above, at 6 Jo Pm.	
# # 1	H 1 day hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:	
8. Trade, profession, or particular		0a	ate of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	core	Gremature Girth	
9. Industry or business in which work was done, as SILK MILL,		5 2000.	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total tima (years)		
this occupation (month and year)	spent in this occupation		
The s	/	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) (State or country)	##E**		
13. NAME (Persente O	odd		
13. NAME FURNILLE (14. BIRTHPLACE (city or town)		Name of operation Date of	
14. BIRTHPLACE (city or town) (State or country)	<i>t</i>	What test confirmed diagnosis? Was there an autop	new? 2
15. MAIDEN NAME/Evillaa	In thet	23. If death was due to external causes (VIOLENCE) fill in also the following:	1071-3-65-6
15. MAIOEN NAME (Collaction)  16. BIRTHPLACE (city or town)	-/	Accidant, suicide, or homicide? Date of Injury	. 19
State or country)	2	Where did Injury occur?	
17. INFORMANT Mrs. Purnel	2 Toda	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR BEMOVAL	1.1.	Manner of injury	
Placa Cambridge Da	10 Sept. 15, 1932	Nature of Injury	
19. UNDERTAKER Mr. Pulraell (Addiess)	Todd	24. Was disaase or Injury in any way ralated to occupation of deceased?	20-
20. FILED Sept. 15, 1952	E. E. Welft Registrar.	(Signed) FOR 17. Threver, 18	rM. O.
If more blanks		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	d.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
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EURFAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	,=
Gallstones	May 1,1923	Gastroenteritis	1 year

	N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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MARGIN RESERVED FOR BIND S	T	pluoi	may	TION is very important. See instructions on back of certificate.
E SE	INI	E sh	it it	on
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V. S. No. 1

STA	TE O	F MARY	LAND-	CERTIFICATE O	F DEATH	
1. PLACE OF DEATH				[172]	U	5861
County ald	bck	e fer			Registration Dist. No	2.
Village or City	ien	ma	(11	No. death occurred in a hospital or institution.		and number)
Length of residence in city or	town where de	ath occurred	yrsmos		reign birth?yrs	mosd
2. FULL NAME		unk	rown	Anfant Ch	uld:	
(a) Residence: No.		(Usual place o	f abode)	St., Ward.	If nonresident give city or town	
PERSONAL AND S		200			TIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)				21. DATE OF DEATH	<b>B1</b> - 19 Month) (0ay)	193(Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of				22. I HEREBY C	CERTIFY: That I atten	ded deceased fro
6. DATE OF BIRTH (month, day, and	year) Se	b+.1	8 1932	I last say h alive on	Sept 19, 19	death is sal
7. AGE Years	Months	Oays	If LESS than I day,hrs. ormin.	to have occurred on the date stated all The PRINCIPAL CAUSE OF DEATH a were as follows:		1
8. Trade, profession, or particu	ar					Date of onse
8. Trade, profession, or particukind of work done, as SI SAWYER, BOOKKEEPER,	etc	Jen	<u></u>	S	71 fre	
9. tndustry or business in which work was done, as SILK SAW MILL, BANK, etc	MILL,			GXTTAL		
Solution   Section   Sec					***************************************	
12. BIRTHPLACE (city or town)				Other Contributory Causes of Importan	nce:	
(State or country)	2					
	*			Name of operation	nota.	of
14. BIRTHPLACE (city or town). (State or country)	9			What test confirmed diagnosis?		
15. MAIOEN NAME	8			23. If death was due to external causes		
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)				Accident, suicide, or homicide?	Lu Know	42-18,93
17. INFORMANT				Specify whether injury occurred in IN	(Specify city or town, county and IOUSTRY, in HOME, or in PUBLIC	C PLACE
18. BURIAL, CREMATION, OR REMOVAL Place And Oate April 1932				Manner of injury	of fue term	Placen
19. UNOERTAKER Frank E. allyh				24. Was disease or injury In any way I	related to occupation of deceased	7
20. FILEO Left 19, 193:	Elif	galuth?	r. braf	(Signed)	Mark	M. M.
		Luco	Registran	(Address) Reque	1000 KLA- 5/19	recept the

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deccased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A BURGAU V.	to d		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones May 1,192		Gastroenteritis	1 year

MARGIN RESERVED FOR BINDI

V. S. No. 1

1. PLACE OF DEATH	(46)			
/ County Dorchester	Registration Dist. No.			
50	No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)  s. ds. How long in U.S. if of foreign birth? yrs. mos. ds.			
2. FULL NAME Lurena A. Vincent				
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) Married	21. DATE OF DEATH Sept 30 1932 (Month) (Day) (Year)			
5a. If married, widowed, or divocced HUSBAND of (or) WIFE of William C. Vincent	22. I HEREBY CERTIFY, That I attended decassed from 1932 to 1932			
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Pays  If LESS than 1 dey,hrs. 0rmin.	to have occurred on the date stated above, at 11. m.  The PRINCIPAL CAUSE OF DEATH end releted causes of importanca were as follows:			
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, HOUSEWITS SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month end year) - fargury - 1-9-3-2	Comma of Planois 8/15/32			
IZ. BIRTHPLACE (city or town) (State or country)	Dther Contributory Causes of Importance:			
13. NAME Alfred Wijdsor				
14. BIRTHPLACE (city or town) Md. (State or country)	Neme of oparetion Date of Date of What test confirmed diegnosis? Was there an autopsy? (ALQ)			
15. MAIDEN NAME Celia E. Dashields 16. BIRTHPLACE (city or town) Md. (State or country)  William C. Vincent (Addrass) Seaford, Del. R. Z. A	23. If daeth was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?			
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury			
Pleca Sharptown, Md Dete Oot 4 1932				
19. UNDERTAKER (Address)  Sharptown, Md.  20. FILED OC 3 1932 FM Hastings	24. Was disease or injury in any way releted to occupation of deceased?			
20. FILED	(Address) Ses Ford SS			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year
		150	

If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BIND

MARGIN RESERVED

V. S. No. 1

1. PLACE	OF DEATH	JF MAR	YLAND—	CERTIFICAT	E OF DEATH	09864
County	Dorchester"	R DORPORAT			Registration Dist. No.	16
	City Cambride	ge, Ma	(1		rinstitution, give its NAME instead of str	St., Ward
				s ds. How long in U	.S. if of foreign birth?yrs	ds
	AME Holsey V					
(a) Resid	ence: No. Chateau	Usual place		Mg Ward.	If nonresident give city or to	ann and Santa
PERSO	NAL AND STATIST			MEDICA	L CERTIFICATE OF DEA	
3. SEX	4. COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED, D (write the word) ngle	21. DATE OF DEA	September 13tl	1, 193 2 (Yeer)
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divorced			22. Jawan	EBY CERTIFY That I	
6. DATE OF BIRTS	H (month, day, and yeer)	I868		i an saw h alive	on 1417 12	19.3 2; death is sel
	eers Months	Oays X	If LESS than 1 day,hrs.	to heve occurred on the dat	e stated above, at O A	. M
8 Trade no	fession, or perticuler		ormin.	were es follows:	DEATH one related emoses of importan	Oate of onset
SAWYE	f work done, es SPINNER, ER, BOOKKEEPER, etc	Mason		Hyperten	ma Cardis	- 7
Mork w	r business in which was done, as SILK MILL,	×		remal	disease	1
10. Dato dece	MILL, BANK, etcesed lest worked et cupetion (month and	11. Totel ti	me (years)			
12. BIRTHPLACE ( (State or co	(city or town) New	Jersey.		Other Contributory Causes	of importance:	
	x					
13. NAME 14. BIRTHPLAI (Stete	CE (city or town)			Neme of operation	ois? Syan West	ate of
15. MAIDEN N	IAME X				nal causes (VIOLENCE) fill in also the	
	CE (city or town)				de? Dete of injury	
17. INFORMANT (Address)	George Kimme R.F.D. Cam		IId.		(Specify city or town, county rred in INDUSTRY, in HOME, or in PUE	and State) BLIC PLACE.
18. BURIAL, CREMA	ation, or removal st New Marke			Menner of Injury		
19. UNDERTAKER _ (Address)	Granville S Cambridge	Marylan	.ā.,	24. Was disease or Injury In	eny way related to occupation of decea	sed? Wu
1.1	1/11/29	957 July	en,	(Cianad)	Gelass Jan	0 4

(Address)

Registrar.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		N N N N N N N N N N N N N N N N N N N	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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5		

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(986) U986)
County Lorchester	Registration Dist. No.
Village or City Cambridge - Maryland	No Rospilal St. Ward
Length of residence in city or town where death occurred - yrs, - mos	death occurred in a hospital or institution, give its NAME instead of street and number)
1 . al m	To for the
2. FULL NAME Seull Maura	- William
(a) Residence: No. Church Cull (Usual place of abode)	'St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male White Maynes	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of . Effective	1 HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 19-1873	I last saw here alive on Sefst 4, 192 V; death is seid
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 15 Am.
59 5 16 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, Farmer SAWYER, BOOKKEEPER, etc.	Chronic rephartes 1931
9. industry or business in which work was done, as SILK MILL.	Near mastration 8-28-3
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this coveraging from the additional this coveraging from the additional this coveraging from the additional transfer of the same	arehua 9-2-37
o this occupation (month and aug 777 spant in this 40 occupation 40	
12. BIRTHPLACE (city or town) Kakeseele  (State or country)	Other Contributory Canses of importance:
13. NAME Fellelon Weven	
14. BIRTHPLACE (city or town) Toke Voice	Name of operation. No w
1 (State of Educity)	What test confirmed diagnosis? Was there an autopsy? \( \int \)
15. MAIDEN NAME CHURCH ROFFERS  16. BIRTHPLACE (city or town) Laborates  (State or country)	23. If death was due to external causes (VIOLENCE) fill In also the following:
O 16. BIRTHPLACE (city or town) A (State or country)	Accident, suicide, or homicide?
17. INFORMANT Efficiently Williams (Address)	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Level Cecale Date Sout 1937	Manner of injury
19. UNDERTAKER Ogroed Rickoulson (Address) Clauseh Crech Mich	Nature of injury
20. FILED Sept. 2, 19 32 E. E. Will Regulerar.	(Signed) Wyle M. Fayer M. D.  (Address) (38 Rale & Cambridge Md
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RURRAU V. BAT			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

en en	Longin of resi
EV CIT	2. FULL NA
RD. YSI stat	(a) Residen
PH ph	PERSON
Exa.	3. SEX
TY .	male
ACTL ssifted.	5e. If married, widow HUSBAND of (or) WIFE of
A PERM ited EX apperly cla	6. DATE OF BIRTH
ated operl	7. AGE Yea
he sta be pro of cert	8. Trate, profes
Should be it may be n back of	9. Industry or work was SAW MIL
O T O	10. Date decease this occur year)
VG VG tha	year)
NFADING plied. AGl erms, so tha	12. BIRTHPLACE (cit (Stata or cour
pplie erms insti	13. NAME 7
y sul ain t	14. BIRTHPLACE (Stata or
WIT efull, in pl	当 15. MAIDEN NAI
be car EATH imports	16. BIRTHPLACE (Stete or
uld bound DE	17. INFORMANT (Address)
Pho OF	18. BURIAL, CREMAT
SE SE	Plece
WR ati	19. UNDERTAKER
LEOF	(Address)
N. B	20. FILED Lepl

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	09866
County Dorchester	Registration Dist. No. // Z
Village Dr City Ucinna	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs
2. FULL NAME (I Laged in mo	na
(a) Residence: No. The land	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDDWED	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22.   I HEREBY CERTIFY That I attended deceased from
1886.	Mug 1 132, 10 Drept 6 , 1932
6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Years Months Days 11 1555 than	last saw If alive on Sept on 19 37, death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	ware as follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	none allular 1921
9 Industry or husiness in which	Clartia requisitation
work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date deceased last worked et this occupation (month end wheel spent in this occupation occupation occupation)	
a - least to a	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME Malsil marina	
13. NAME WEST WAYS TO THE TOTAL OF THE TOTAL	Name of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?_
15. MAIDEN NAME Downt Roman	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME LO ont length  16. BIRTHPLACE (city or town). Louis length  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT May Recipelates	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR ROMOVAL	Manner of injury
Place fallante fore fell 19 a	Manner of injury
10 HADROTANES GIEST - ALIMAN AND AND AND AND AND AND AND AND AND A	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) (Address)	If so, specify
20. FILED Lebel 7 1992 Propheth & brade	(Signed) 6,6, Maple M. D.
1 Lucal Registrar.	(Address) Marlela Spreng Md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BECEINED	
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	,		

2	